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VS. ATSME(S) 5M 9/55

497

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

11467

Reg. Dist. No.

1.	PLACE OF DEATH O. COUNTY Kent MARYLANI	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) o. STATE O. STATE O. STATE
V.	b. CITY OR TOWN III outside corporate limin, write RURAL c. LENGTH OF STAY IN 18 mol give reporest town)	7,000
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NOT
3.	NAME OF -DECEASED (Type or print) WILLIAM RAYMON	D ASHLEY DEATH Get 23 1960
5.	Male Caloud WIDOWED DIVORCED	8. DATE OF BIRTH Per-15-1892 9. AGE (In years IF UNDER 1YEAR IF UNDER 24 HRS. Months Days Hours Min.
10	OD. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? Waryland, 12. CITIZEN OF WHAT COUNTRY?
13	3. FATHER'S NAME OSHOW	14. MOTHER'S MAIDEN NAME MYSSELT.
15	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (es. no. or unknown) Iff yes, give war or dates (shervice) 2/6-/8-20/1/2	auline gowens, millington hid
)	18. CAUSE OF DEATH [Enter only one cause per lige for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate cause (o), stoting the underlying couse lost. (c)	steve hout failure Interval Between ONSE AND DEATH
CATION		T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO NO
CERTIFI		(Enter nature of injury in Port I or Port II of item 18.)
MEDICAL	C 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. Pl Fo Hour a. m.	LACE OF INJURY (Home, form, close) (County) (Stote) (Stote) (Stote)
	ACTUAL PLOUT NJan	ove, held an Autopsy , Inspection , Inquiry , Aand find uicide , Homicide , Undetermined cause
22	20. BURIAL, CREMATION, 1226. DATE THEREOF 122C. NAME OF CEMETERY C	DEPUTY MEDICAL EXAMINERS (Stote) PR CREMATORY 22d. LOCATION (City, town, or caunty) (Stote)
9	Burial Oct-27,1960 Rileys Neck (Cemetery Millington, (Rural) Md.
1 2	Salvard Fellows Millingto	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE A Med. DATE OCT 2 7 '60 ariles S. Thomas

77 364 454 45	HARDED STADELINGS	
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after death. Page 4

R ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 ha

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

11468

A 17 17				
1. PLACE OF DEATH a. COUNTY Kent	MARYLAND	2. USUAL RESIDENCE (Where a. STATE Maryla	e deceased lived. If institution: Re b. COUNTY	esidence befare admission) Kent
b. CITY OR TOWN (If autside carporate limit	s, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If aut	side carporate limits, write RURAL	and give nearest town)
Chestertown	3 days	X Galena		
d. NAME OF HOSPITAL (If nat in haspital, g OR INSTITUTION	ive street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
	Hospital	1.4	I. DATE Month	
3. NAME OF DECEASED (Type ar print) Fred		oylesagle.	OF DEATH OCF	Day Year 3/ 1960
s. sex Male 6. COLOR OR RACE White	7. MARRIED TO NEVER MARRIED TO DIVORCED TO	B. DATE OF BIRTH December 7.188	last birthday) Mai	nths Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of work of			10	2. CITIZEN OF WHAT COUNTRY?
during most of working life, even if retired) Carpenter	Building Constru			U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
Benjamin Boyl	es	Ella	Jefferson	
15. WAS DECEASED EVER IN U. S. ARMED FOR	CES? 16. SOCIAL SECURITY NO. 17. II	NFORMANT	Address	
(Yes, no, or unknown) (If yes, give war or dates of se		rs. Emma C.	Boyles, Galena	. Md. (wife)
18. CAUSE OF DEATH [Enter anly one ca		O Dimine V.	or Teal or em	INTERVAL BETWEEN
PART 1. DEATH WAS CAUSED BY:	Pa obod!	Thomasha	11.	ONSET AND DEATH
IMMEDIATE CAUSE (a	Ceret my	1 Proorywo		Joney
23 & X DUE TO	0 .0-1	A Visionalla	111:	Vine
Canditians, if any, which (b)	Cont val	rugine	10.100	your.
cause (a), stating the under-				
lying cause last. (c)			AL DISEASE COMPLETION ON STATE	NAME AND
САТІС	DITIONS <u>CONTRIBUTING TO DEATH</u> BUT	I NOT RELATED TO THE TERMINA	AL DISEASE CONDITION GIVEN II	PERFORMED?
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRE	ED. (Enter nature of injury in Pa	rt I ar Part II af item 1B.)	
20c. TIME OF INJURY Month, Day, Yeo Haur a.m. p. m.	or 20d. INJURY OCCURRED While Nat while fat wark at wark	ACE OF INJURY (Hame, farm, ictary, street, affice bldg., etc.)	20f. (City ar tawn)	(Caunty) (State
21. I certify that (1) (this haspital) attended the deceased from.	15 Oct 196	io, to 31 Oct.	1960, that (I) (we) las
saw the deceased alive an 2/	19 6 Gand that	death accurred atN	A, from the causes and a	n the date stated above
220. SIGNATURE	heneksin.	M.D. ATTENDING MED DIRE	STAFF COTOR PHYS.	22b. DATE SIGNET
22c. PHYSICIAN'S		22d. ADDRESS		T. A. V. J. C.
NAME (Type) Wallace O	henshain	Cecilton,	Md.	
23a. BURIAL, CREMATION, 23b. DATE THEREO			3d. LOCATION (City, tawn, or car	unty) (State)
REMOVAL (Specify)			Galena. Kent C	24.3
Burial Nov. 3,1	ADDRESS		BY REGISTRAR 2Sb. REGISTRAL	
SAI SINGE SUCCESSION STORTING	11.11.	A .		Lun & Kraus

may be remained by the hospital or attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, crematian, or remayal, and it may event, within 72 hours after death. TO HOSPIT VR A1S (4) 1SM 9/59

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	, All Morling	nicia Con participation of		

11498

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

Rea Dist No

12636

S. SEX Female White Widowed Divorced Sept.30,1886 9. AGE (In years of path index) in the path index) in the path index index										Keg. Dis	11. 110	•	
ROCK Hall d. NAME OF HOSPITAL (if not in hospitol, give streed oddress) J. NAME OF HOSPITAL (if not in hospitol, give streed oddress) J. NAME OF C. RISTILLION J. RATHEE'S NAME C. CLUPATION (Give kind of work dane) J. RATHEE'S NAME C. RISTILLION J. NAME OF C. RISTILLION J. RATHEE'S NAME C. RISTILLION J. RATHEE'S NAME C. RISTILLION J. NAME OF C. RISTILLION J. RATHEE'S NAME C. RISTILLION J. NAME OF C. RISTILLION J. RATHEE'S NAME C. RISTILLION J. RATHEE'S NAME C. RISTILLION J. RATHEE'S NAME J. RATHEE'S NAME C. RISTILLION J. RATHEE'S NAME C. RISTILLION J. RATHEE'S NAME J. RATHEE'S			Kent		MARYLAN	2. U	STMarylan	Nd deceased				ore admiss	sian)
3. NAME OF DECRASED FROM PROCESS FIGURE AND COLORS OF RACE No. A FARMS No. A PART No. OCTOPE No. A FARMS No. A PART No. OCTOPE No. A PART No. OCTOPE No. OCT	Ь.	CITY OR TOWN (III	outside corporate limi arest town)	ts, write	c. LENGTH OF STAY IN 1	b c.			rote limits, write R	URAL ond g	jive ne	arest town	n)
DECLASED (Type or print) Sept. Se	d.	NAME OF HOSPIT. OR INSTITUTION	AL (If not in hospitol, g	ive street	oddress)	d	. STREET ADDRESS	o gase spirit save spirit				ON A	FARM?
Discription Discription Divorced Sept.30,1886 74 yr. Months Doys Hours Main Doys Hours Hours Main Doys Hours Hours Main Doys Hours Hours Main Doys Hours	DI	ECEASED				an		OF	_			-/	Yeor 19 60
Address Addr	_					_		886	last birthday)				ER 24 HRS Min.
Charles H. Smith Is. WAS DECEASED EVER IN U. S. ARNED FORCES? If yes, give not or define of service) It. CAUSE OF DEATH [Enforch) one course per Jime-for (a), (b), and (c).] PART I. DEATH MAS CAUSE BY IMMEDIATE CAUSE (c) Conditions, if any, which gove rise to immediate course (a), stating the under the course of stating the under the course of stating the under the course (a), stating the under the course (b), stating the under the course (a), stating the under the course (b), stating the under the course (a), stating the under the course (a), stating the under the course (b). PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) IP, WAS AUTOPE PERFORMED PERFORMED TO CONTRIBUTING COURSE (b). DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) 20. ACCIDENT WAS UNDERSYING. OR CONTRIBUTING CAUSE OF DEATH WITH MEDICAL EXAMINER) 21. I certify the course of the	10a.	USUAL OCCUPATION during most of work	ON (Give kind of work ing life, even if retired WITE	dane 10b.		IDUSTRY 1			ountry)	12. CITI			COUNTRY
IB. CAUSE OF DEATH Enter only one couse per line-for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b)	3. F/		H. Smit	h		14.			th				
PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate couse (a), stating the under. Iying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PREPORMED? YES DISEASE 200. ACCIDENT WAS UNDERLYING (IF EITHER, NOTIFY MEDICAL EXAMINER) While Not while of work of the part of the part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH While Not while of work of the part of the part II of item 1B.) 200. TIME OF INJURY MONTH, Doy, Year 200. INLE OF INJURY (Home, form, 20f. (City or town) While Not while of work of the part I or Part II of item 1B.) OR CONTRIBUTION (City or town) (Sole DATE SIGN ACTUAL SIGNATURE 21. I certify that I attended the deceased from AM ADDRESS (Street, city or town, stole) DATE SIGN ACTUAL SIGNATURE 220. BURIAL CREMATION, 27b. DATE THEREOF WES LEY CHAPPEL 221. NAME OF CEMETERY OR CREMATORY WES LEY CHAPPEL 222. NAME OF CEMETERY OR CREMATORY WES LEY CHAPPEL 223. BURIAL CREMATION, 27b. DATE THEREOF WES LEY CHAPPEL 2240. REC'D BY REGISTRAR'S SIGNATURE	1S. W (Yes,			ervice)		_		Brie			11,	Md.	PE.
20c. TIME OF INJURY Month, Doy, Year Hour o.m. p. m. 21. I certify that I attended the deceased from AND TOWN, and that death accurred at alive an ADDRESS (Street, city or town, stote) 21. I certify that I attended the deceased from AND ADDRESS (Street, city or town, stote) 22. I certify that I attended the deceased from AND ADDRESS (Street, city or town, stote) 23. I certify that I attended the deceased from AND ADDRESS (Street, city or town, stote) 24. I certify that I attended the deceased from ANDRESS (Street, city or town, stote) 25. I certify that I attended the deceased from ANDRESS (Street, city or town, stote) 26. PLACE OF INJURY (Home, farm, foctory, street, office bldg., etc.) 26. PLACE OF INJURY (Home, farm, foctory) 26. PLACE OF INJURY (Home, farm, foctory) 27. I certify that I last saw the deceased from ANDRESS (Street, city or town) 28. ADDRESS (Street, city or town, stote) 29. DATE SIGN 20. DATE SIGN ANDRESS (Street, city or town, stote) 20. LOCATION (City, town, or county) 20. LOCATION (City, town, or county) 20. REGISTRAR'S SIGNATURE 20. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE		PART I. DEA' Line Line Line Line Line Line Line Line	TH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO Ty, which (b) n mediate		ardio terio la	tax elen	Edis	No.			ON	ERVAL BE	ETWEEN DEATH
20c. TIME OF INJURY Month, Doy, Year 19 20d. INJURY OCCURRED While of work of	IFICATION									VEN IN PAR	Г1(a) 1	PERFC	DRMED?
21. I certify that I attended the deceased from AM — , 1960, to OLOVEN 3/1960, that I last saw the decease alive an OA 30 , 1960, and that death accurred at 60 M, from the causes and an the date stated above ADDRESS (Street, city or town, stote) ACTUAL SIGNATURE / OR BERI — C. MISCH ROCK — HA AM PHYSICIAN'S NAME (Type) / OR BERI — C. MISCH ROCK — HA AM 220. BURIAL CREMATION, REMOVED 1 22C. NAME OF CEMETERY OR CREMATORY REMOVED 1 NO V. 3 Wesley Chapel Rock Hall Maryland 23. FUNERAL DIRECTOR'S BIGNATURE ADDRESS / ADDR		IF EITHER, NOTIFY	MEDICAL EXAMINER)	200. 013	CRISE HOW MAJORI OCCO.	NALD. (LIII)	ar indicate at injury in	701770170					
alive an CAL 30 , 1960 , and that death accurred at DA M, fram the causes and an the date stated above ADDRESS (Street, city or town, state) ACTUAL SIGNATURE / ADDRESS (Street, city or town, state) PHYSICIAN'S NAME (Type) / OR DEBI - C / AISCH ROCK - HA D 220. BURIAL, CREMATION, REMOVED ROCK - NOV. 3 220. NAME OF CEMETERY OR CREMATORY ROCK - HAIL Maryland 23. FUNERAL DIRECTOR'S BIGNATORE ADDRESS (Street, city or town, state) DATE STATE - ADDRESS (Street, city or town, state) DATE STATE ADDRESS (STREET, CITY OF TOWN, state) DATE STATE	MEDICA	Hour o.m.		While	Not while				or town)	(0	County)		(Stote
REMORTS TELL NOV. 3 Wesley Chapel Rock Hall Maryland 23. FUNERAL DIRECTOR'S MIGNATURE ADDRESS J.	A S	ACTUAL SIGNATURE SHYSICIAN'S NAME (Type)	\$30 sheat C ORDERT	196 Wie	tech P. MIJSCH	M.D	ROUT	M, fram ADDRESS (S	the causes ar treet, city or town,	and an the		DATE OF THE PROPERTY OF THE PR	d abave TE SIGNEI
Edga d' b'and d'hand d'hand		REM DITIES	Nov.3	,,,	Wesley Ch	ape.	L	Ro	ck Hall		_	ryla	
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

11469

	o. COUNTY ent	MARYLAND	o. STATE Waryland	b. COUNTY Ker	
	b. CITY OR TOWN (If outside carporote limits, write RURAL and give regress to WI)	c. LENGTH OF STAY IN 16	c. CITY OR IOWN (If outside cor	porote limits, write RURAL and give	nearest tawn)
	d. NAME OF HOSPITAL (If not in hospitol, give street or institution Prospect St	et address)	d. STREET ADDRESS Prospect S	t.	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF First DECEASED (Type or print) Laura	Middle B:	lost 4. DATE OF DEAT	н Oct. 20. 196	1/
	f'amale colored		Feb. 22, 1872	9. AGE (In yeors lost birthdoy) 88 yrs. IF UNDER 1 YI	
	10a. USUAL OCCUPATION (Give kind of work dane 1 during most eff working life and efficied)	Db. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stote or foreign Kent Co. M		OF WHAT COUNTRY?
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
1	A dam Murray		Sarah		nown
	1S. WAS DECEASEDEVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or doles of service)		raldine Perry	Prospect St.	Md.
	1B. CAUSE OF DEATH [Enter only one cause pe PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)		sclerotic ca		INTERVAL BETWEEN ONSET AND DEATH
	Canditions, if ony, which gave rise to immediate couse (a), stating the underlying cause lost. Part II. OTHER SIGNIFICANT CONDITION	IS CONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERMINAL DISE	ASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED 7. YES NO 19
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Part I or I	Port II of item 1B.)	
	Haur o.m. Wh	f-at	CE OF INJURY (Home, farm, 20f. (Cory, street, affice bldg., etc.)	ity or town) (Cau	nty) (Stote
	21. I certify that (I) (this haspital) attessaw the deceased alive an 10/3	ended the deceased fram	10/20 160to	10/30 , 1960 m the causes and an the d	
	Oster War		.D. ATTENDING # MED. DIRECTOR	STAFF NOV.	1, 1980 ED
	22c. PHYŠICIAN'S NAME (Type) Robert W.	Farr	22d. ADDRESS Chestert	own, Md.	
	23a. BURIAL, CREMATION, 23b. DATE THEREOF BENOVAL STCify) 11/3/60	Janes Cem.	CREMATORY 23d. LOC n eal	ATICH E's tre r to in	(State) Md.
1	24. FUNERAL DIRECTOR'S SIGNATURE	Chestertown	Md. 250. REC'D BY REG DATE NOV 3	15TRAR 25b. REGISTRAR'S SIGNA 60 Carthur S.	

TO HOSPITAL PRATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hr. after death. Page 4 may be reflected by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Board of Health priar to burial, crematian, ar remayal, and in any event within 72 hours after death.

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		SASSAL / LIFE	

11470

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CERTIFICATE OF DEATH

	Reg. Dist. No.
1	DEPTH OF DEATH O. COUNTY WARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Death O. STATE O. STAT
1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give necrest town) Chestertown
	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION CON TOUR STREET ADDRESS OR INSTITUTION OR INSTITU
	NAME OF DECEASED (Type or print) ORANGE BENNETT BULLET DEATH DELLE 27 1960
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH White widowed Divorced 1880 9. AGE (In years last birthday) Months Days Haurs Min.
	Oa. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or fareign country) Opring most of yorking life, even if retired) OSA 12. CITIZEN OF WHAT COUNTRY? OSA OSA OSA OSA OSA OSA OSA OS
1	Henry D. Burrel) 14. MOTHER'S MAIDEN NAME SEMMONS
	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give wor or dates of service) 214-32-7250 Hospital Records Class Records
	18. CAUSE OF DEATH [Enter anly one cause per line far (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO DUE TO
	Conditions, if any, which gave rise to immediate cause (a), stating the under DUE TO
ı	lying cause last. (c)
	PERFORMED?
	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. m. 19 at work at work at work 19
	21. I certify that I attended the deceased fram \$= 5_, 1960 to 10 = 27, 1960 that I last saw the deceased alive on 10-27, 1960, and that death accurred at 425 p.M. fram the causes and on the date stated above.
	ACTUAL SIGNATURE OCECH M.D. Chastertoren leng 10-27-60
	PHYSICIAN'S A. C. Dick Chestertown, ML
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) SULTA 10/29/60 Chester Cem, ChesterTown MP,
	13. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE Chesfirling moldate OCT 3 1 360 Circles & Knows

TO HOSPITATION ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be read by the hospital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled they the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar removal, and in ony event within 72 hours ofter death.

urs after death. Page 4

VS A15 (4) 15M 9/55

10.224	PE OF DEATH	CERTIFICAT	
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		CONTRACTOR.	The state of
			WAY

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11489

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No.1471

	1. 7	ALCO OF DEATH L. COUNTY Kent MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) G. STATE Maryland b. COUNTY Queen Anne
	b	c. LENGTH OF STAY IN 1b D.O.A.	c. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest town) RFD Chebbertown
3	K	ent & Queen Anne Hospital ent & Queen Anne Hospital	d. STREET ADDRESS Rural Chestertown e. IS RESIDENCE ON A FARM? YES A NO
	- 4	NAME OF First Middle DECEASED Type or print) Vincent C	Castor Jean Oct. 5, 1960 19
	5. S	male white widowed Divorced M	Tay 27, 1936 24 yrs. Months Days Hours Min.
,	10a.	USUAL OCCUPATION (Give kind of work done of the life o	Bristol, Penna. USA
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
		Joseph Castor	Katherine Ventriglia
	15. (Yes,	WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	
1		18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART 1. DEATH WAS CAUSED BY. Electrocution, produced in the cause (o). Was moving a portion of the cause of the cause of the cause (o).	INTERVAL BETWEEN
4		found dead luing	on the ground at the foot of the
			as close to but not in contact with
			res. Apparent electrical burns were
	ICATION		OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
-	CERTIF	20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING CAUSE OF DEATH.	nter noture of injury in Port I or Port II of item 1B.)
/	MEDICAL	20c. TIME OF INJURY Month, Day, Year Add. INJURY OCCURRED 20e. PLAC While of work of work of work	CE OF INJURY (Home, form. 20f. (City or town) (County) (Stote) ory, street, office bldg., etc.) Chestertown Queen Anne Md
		21. I certify that I took charge of the remains described about	ve, held an Autopsy X, Inspection , Inquiry , and find that
4	4	death resulted from: Natural causes, Accident, Suid	cide, Homicide, Undetermined cause
2		ACTUAL SIGNATURE RELET Vacue	M.D. CHIEF MEDICAL EXAMINER
		EXAMINER'S Robert W. Farr	ASSISTANT MEDICAL EXAMINER Oct. 6, 1960
1	220.	BURIAL CREMATION, 22b. DATE THEREOF PROVIDED STATE OF CEMETERY OR BEVERLY Nat.	
	23.	funeral director's signature Address Chestertov	Md. DATE OCT 1 0 '60 Callun S. Krons

VS. A15ME(5) 5M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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VR A1S (4) 1SM 9/S9/

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

a. COUNTY	Kent		MARYLA		a. STATE Mary	- TENEDONE	d lived. If instituti b, COUNTY		befare admissi	ion)
b. CITY OR TOWN RURAL and give Chester		its, write	c. LENGTH OF STAY IN	1 1b	c. CITY OR TOWN	(If autside carpo	orate limits, write F	RURAL and give	e nearest town)
OR INSTITUTION	PITAL (If not in hospital, green Anne		ddress) Spital		d. STREET ADDRESS	S				FARM?
3. NAME OF DECEASED (Type or print)	Dawn	rst	Middle Banita		Cotton	4. DATE OF DEATH	Oct. 1	1, 19	00	Year
s. sex Female	6. COLOR OR RACE	WIDOWE		<u> </u>	10/3/60		9. AGE (In years last birthday) yrs.	Manths Do	YEAR IF UNDE	Min.
during mast of wa	TION (Give kind af wark arking life, even if retired	l)	ONE		Maryla	nd	cauntry)		S.A.	OUNTRY
		tton				tina B				
15. WAS DECEASED ET (Yes, no. or unknown)	VER IN U. S. ARMED FOR	service)	ocial security no.	Wat	utina Be	ck, Mot		ck Ha	11, Me	d
Canditians, if gave rise ta cause (a), statin lying cause las O 20a. ACCIDENT VOR CONTRIBUTING (IF EITHER, NOTIL)	immediate DUE TO)))	ontributing to deati	<u></u> вит NO	T RELATED TO THE TE	ERMINAL DISEAS	SE CONDITION GI	VEN IN PART 1	PERFO	AUTOPSY ORMED?
	VAS UNDERLYING NG CAUSE OF DEATH FY MEDICAL EXAMINER)	M	RIBE HOW INJURY OCC							
20c. TIME OF INJU Haur a. m p. m	1.	While at wark	Nat while		OF INJURY (Hame, , street, affice bldg.,		y ar tawn)	(Cai	unty)	(State
		79	19 % and th		ATTENDING PHYS. 22d. ADDRESS	9-1	the causes and STAFF PHYS. n. Md.	nd an the c	date stated	b.DATE SIGNED
230. BURIAL, CREMAT			23c. NAME OF CEMETE Edesvill			23d. LOCA	TION (City, town, Rock Ha		(State	e)
24. FUNERAL DIRECTO		(7)	ADDRESS Tark	(i)		REC'D BY REGIS	TRAR 2Sb. REG	Istrar's SIGN	IATURE	
2072	193XV	2		1						

253 31 16511 brez me J.79. Jass, 31155 5 ar or e teens Maria & Queen Anne's Hospitel Danita Cotton Banita Santa 10/3/60 female Negro Maria nost risidas. costei min none . Weutina Bock, Nother, Rock Hell, Ed. Commission of the commission o TATE IN THE GOOD

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VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH 11492

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

11474

1	1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence befare admission) o. STATE
4	KENT MARYLAND	o. STATE MD, b. COUNTY KENT
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) CHESTE CLAUK	c: CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If nat in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE
1	KENT AND QUEEN ANNE	Stoops TRAILER BREYES NOW
Ī	3. NAME OF Firs Middle	Last 4. DATE Month Day Yeor
1	OFFICE (Type or print) Infant Daughter	ROFFORD DEATH DETOBER 14 1966
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthday) Months Days Hours Min.
	FEMALE WHITE WIDOWED DIVORCED	Detober 13,1940 0 yrs. Months Days Hours Min.
1	18a. USUAL OCCUPATION (Give kind of work done of 10b. KIND OF BUSINESS OR INDUduring most of working life, even if retired)	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	N.B. none	MARYLAND UNITED STATE
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME Staggs
	CLINTON EVERETH CROFFORT	LUCITE STAGGS
1	(Yes, no, or unknown) (If yes, give war or dates of service)	NFORMANT Address Hospital Records
	No none	MOTHER MOSPICAL MECONDS
	18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: 100 Con (& mi of) Hec	ant Netect with Cyanosis
	1545 DUE TO	
A	Conditions, if any, which gove rise to immediate (b)	
4	couse (o), stoting the under-	
1	lying cause last. (c)	I T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
	OF	PERFORMED?
	206. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Port I or Port II of item 18.)
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
		ACE OF INJURY (Home, farm, 20f. (City or town) (Caunty) (State) clory, street, office bldg., etc.)
	21. I/certify that (I) (this haspital) attended the deceased fram	Oct. 13 1960, to Oct. 14, 1960, that (1) (we) last
1		death accurred a 2.2 M, fram the causes and an the date stated abave.
1	220/SIGNATUR! ^ //	22b, DATE
	Wille-11 tallerte	M.D. ATTENDING # MED. STAFF DIRECTOR DIRECTOR PHYS. 10/14/60
	22V PHYSICIAN'S NAME (Type)	22d. ADDRESS
	WM. BATEWOOD M.D.	ROCK HALL MARYLAND
-	23g. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY C	
	Burlad 10/14/60 Chester Ce	Chestertown, Md.
	24. FUNERAL DIRECTOR'S SIGNATURE	Md. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	J. Willis Wells Chestert	town, DATE OCT 17'60 Chillian 2.

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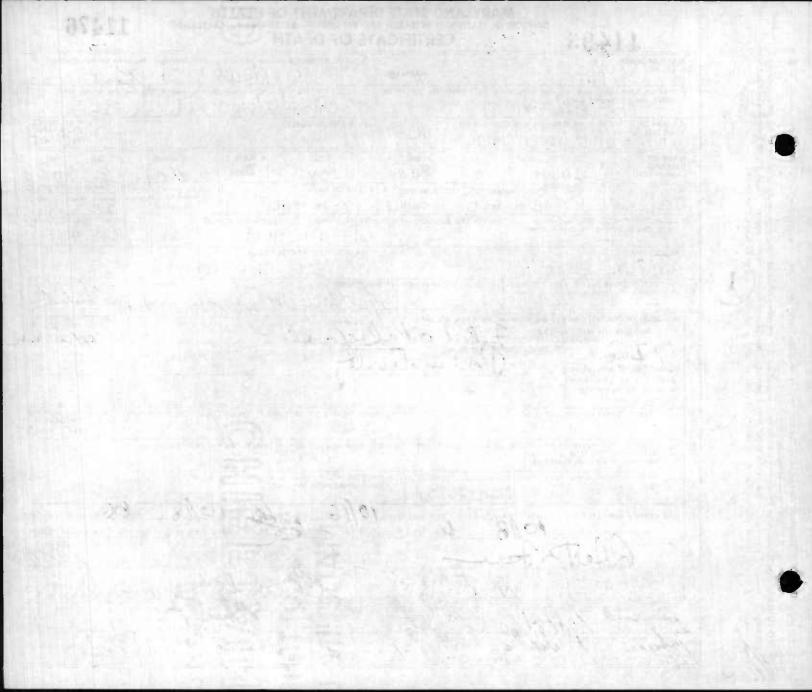
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VR A15 (A)

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

11493	CERTIFICA	TE OF DEATH	114.0
PLACE OF DEATH o. COUNTY Kent	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: a. STATE Mary land b. COUNTY	Residence before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)	:. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside corporate limits, write RUR Chestertown Run	AL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street ad or institution and Queen Ann	dress) 16/3 HOSP,	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
NAME OF DECEASED (Type or print) MC Laugh In	Baby	BOY 4. DATE Month OF DEATH	1 /8 196
Maye 6. COLOR OR RACE 7. MARRIET WIDOWED		B. B. A. C. BIKITI	Aonths Days Hours Min
a. USUAL OCCUPATION (Give kind af wark done 10b. KI during mast af working life, even if retired)	ND OF BUSINESS OR INDU	TRY 11. BIRTHPLACE (State or foreign country) Mary land	12. CITIZEN OF WHAT COUNTR
Harry mª Laughlin		14. MOTHER'S MAIDEN NAME Vera mae white	
. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SC (If yes, give wor or dates of service)	OCIAL SECURITY NO. 17 IN	h. Han M Laughlin -	R. D Churchile
Conditions, if any, which gave rise to immediate cause (a), stating the under: lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CO	Minalev NTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN	IN PART 1(a) 19. WAS AUTOF
PART II. OTHER SIGNIFICANT CONDITIONS CO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IBE HOW INJURY OCCURRE	D. (Enter nature af injury in Part I or Part II of item 18.)	YES NO
	Nat while fo	ACE OF INJURY (Home, form, 120f. (City or town) tary, street, office bldg., etc.)	(County) (Sta
21. I certify that (I) (this haspital) attended saw the deceased alive an POPP 22a. SIGNATURE 22a. PHYSICIAN'S NAME (Type) BERT, W.	1960 , and that c	leath accurred at M, from the causes and M.D. ATTENDING MED. STAFF DIRECTOR PHYS. 22d. ADDRESS	an the date stated about 22b, DATE ASIGN
Ba. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY O	R CREMATORY 23d. LOCATION: (City, town, or	county) (State)
L FUNERAL DIRECTOR'S SIGNATURE	ADDRÉSS	250. REC'D BY REGISTRAR 25b. REGIST	RAR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

1	1	4	7	7
_	-	-		-

	11494	CERTIFICA	TE OF DEATH			
1	1. PLACE OF DEATH o. COUNTY Rent	MARYLAND	2. USUAL RESIDENCE (Whe	ere deceased lived. If institution b. COUNTY	Residence before Kent	re admission)
	b. CITY OR TOWN (If outside corporate limits, RURAL and give nearest tawn) Chestertown	c. LENGTH OF STAY IN 1b 2 days	c. CITY OR TOWN (If ou	tside corporate limits, write RU (lifetim		arest town)
)	d. NAME OF HOSPITAL (If not in hospital, given the control of the	ve street address) ne Hospital	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?, YES NO
	3. NAME OF First DECEASED (Type or print) Mary		Moffett	4. DATE Month OF DEATH O ct. 16.	, 1960	Year 19
		7. MARRIED A NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 3/8/1884		Months Days	Hours Min.
1	10a. USUAL OCCUPATION (Give kind af work do during most af working lite oven if retired)	one 10b. KIND OF BUSINESS OR INDU		or fareign country) Maryland	USA	F WHAT COUNTRY?
	Harrison Coo	per	14. MOTHER'S MAIDEN N. Elizab		ens	
,	15. WAS DECEASED EVER IN U. S. ARMED FORCI (Yes, no, or unknown) If yes, give war ar dates of serv	- ind	nformant ospita Recor	ds Chester		ld.
	PART I. DEATH (Enter only one cause (a), stating the cause (a), typical (a), typical (b). Image: Part I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). DUE TO Conditions, if any, which (b). gave rise to immediate cause (a), stating the under- lying cause last. (c).	se persing sqr (a), (b), and (c). If	Intere	<i>f</i>	INT	ERVAL BETWEEN SET AND DEATH
-	20g. ACCIDENT WAS UNDERLYING 1 2	OITIONS CONTRIBUTING TO DEATH BUT	unc		N IN PART 1(a)	PERFORMEDO YES NO
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year Hour a. m. p. m. 19		ACE OF INJURY (Hame, farm, ctory, street, office bldg., etc.)		(County)	(Stale)
	21. I certify that (I) (this haspital) saw the deceased alive by (1) 22a. SIGNATURE 22c. VHYSIC LAN'S NAME (Type) William M	Jalwood Gatewood	ATTENDING ME	M, fram the causes and		22b. DATE
	230. BURIAL, CREMATION, 236. DATE THEREOF	0 00	emetery	23d. LOCATION (City, fown, or Chestertown	county)	(State)

Chestertown, Md.

25a. REC'D BY REGISTRAR

DATE OCT 1 9 '60

25b. REGISTRAR'S SIGNATURE

Cirling S. Krous

VR A1S (4) 1SM 9/59

FUNERAL DIRECTOR'S SIGNATURE

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ofter death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH

11470

	11	.000	CERTIFI	CAI	E OF DEATH						
	PLACE OF DEATH a. COUNTY	Kent	MARYLA		2. USUAL RESIDENCE (Wh	ere deceased ind	l lived. If institution b. COUNTY	97	nce before	re odmiss	sion)
	B. CITY OR TOWN (III. RURAL and give no ROCK Ha	f outside corporate limits, water town) L (Edesvil		1 16	Rock Hall				give ne	arest town	1)
	d. NAME OF HOSPIT OR INSTITUTION	AL (If nat in hospital, give s at home	treet address)		d. STREET ADDRESS Edesy	ville					FARM?
	NAME OF DECEASED (Type ar print)	A da	Middle		Scott	4. DATE OF DEATH	Oct.	21,	196	,	Year 19
S.	female	000000	MARRIED THEVER MARRIED	B.	DATE OF BIRTH 2/21/1902		9. AGE (In years last birthday) 58 yrs.	IF UNDE Manths	R 1 YEAR Doys	Hours	Min.
100	during mast of work	ON (Give kind af work dane ing life, even if retired) OUSEWIIE	106. KIND OF BUSINESS OR	INDUST	RY 11. BIRTHPLACE (Stote		ountry)		TIZEN O		COUNTRY
13.	FATHER'S NAME	orge Berryn	an		Mary The		n				
		R IN U. S. ARMED FORCES? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.		eorge Scot	tt R	ock Hal		Id.		
		TH [Enter anly one couse TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ger line far (a), (b), and (c).]	La	livris!	John	WZELIN	u		ERVAL BE SET AND	
	Conditions, if an		Cordio a	1/as	rculor						
	couse (o), stating lying couse lost.		arleno	lel	enso-						45
ERTIFICATION	PART II. OTH	ier significant condition	ONS CONTRIBUTING TO DEAT	H BUT N	OT RELATED TO THE TERMI	NAL DISEASI	CONDITION GIV	EN IN PA	RT 1(a)	PERFO	AUTOPSY ORMED?

IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Year Doy,

20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City ar tawn)

(County) (Stote)

at work ot work p. m. 21. I certify that (I) (this hospital) attended the deceased fram and that deoth accurred of

While

Not while

M, from the couses and on the date stated above.

saw the deceased olive on 220. SIGNATURE

ATTENDING PHYS. M.D. 22d. ADDRESS

foctory, street, office bldg., etc.)

STAFF PHYS.

22b. DATE 10/22/60 IGNED

22c. PHYSICIAN'S NAME (Type)

Hour o.m.

MEDICAL

Nitsch Norbert

19

Rock Hall, Maryland

MED.

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE THEREOF 10/25/60

23c. NAME OF CEMETERY OR CREMATORY Sharptown col.

23d. LOCATION (City, town, ar county) Cem Near Rock Hall.

(Stote) Md.

24-FUNERAL DIRECTOR'S SIGNATURE

ADDRESS Chestertown, Md.

2So. REC'D BY REGISTRAR DATE OCT 2 5 160

25b. REGISTRAR'S SIGNATURE Culling & Krous

VR A1S (4) 1SM 9/S9

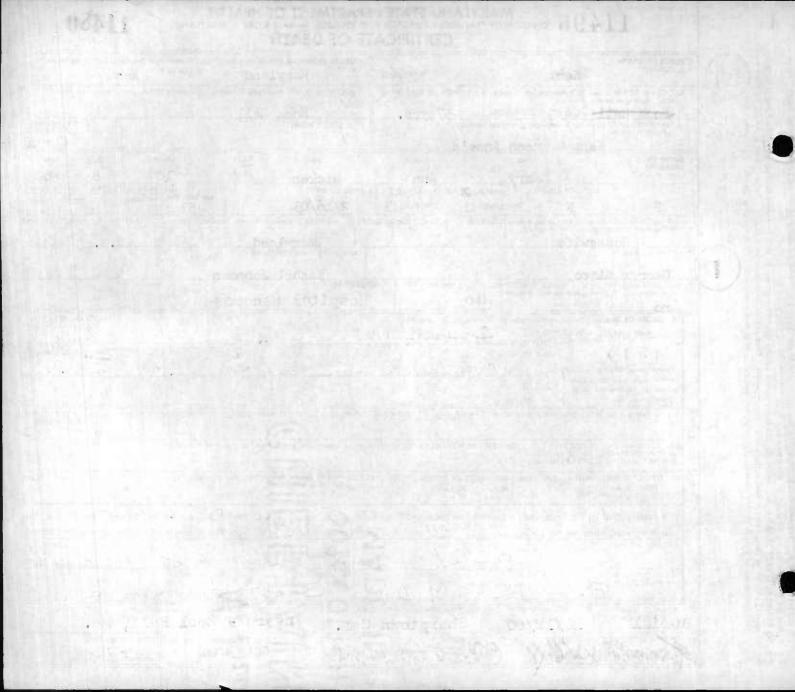
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VR A15 (4) 15M 9/59

11496 MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

		CERTIFIC	SAIL OI	DEATH					
1. PLACE OF DEATH a. COUNTY	Kent	MARYLA	ITATE OF			ived. If institution b. COUNTY	n: Residence b	pefare admi	issian)
RURAL and give no	If autside carporate limits, writerest lawn)	ar see	1b c. CITY			te limits, write RL	JRAL and give	nearest ta	wn)
	AL (If nat in haspital, give st	reet address)	d. STRE	ET ADDRESS	Hall			ON	ESIDENCE A FARM?
	Kent & Queen		1 /					163	□ NO M
3. NAME OF DECEASED (Type or print)	First Marv	Middle Ann	Tal's	ckes	4. DATE OF DEATH	Mant 10		Day 8	Year 1960
5. SEX		AARRIED NEVER MARRIED			9	. AGE (In years	IF UNDER 1 Y		
F		OWED DIVORCED		6/03		last birthday) 57 yrs.	Manths Da		
10a. USUAL OCCUPATION during most of wor	ON (Give kind af wark dane king life, even if retired)	10b. KIND OF BUSINESS OR I	NDUSTRY 11. BIR	THPLACE (State	e ar foreign cau	ntry)	12. CITIZEN	OF WHAT	COUNTRY
	sewife			Maryla			U.	S.	
13. FATHER'S NAME			14. MOTH	ER'S MAIDEN	NAME				
George S	Sisco			Rachel	Johnson	n			
15. WAS DECEASED EVE	R IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17, INFORMANT			Addr	ess		7-7-9-9
	(If yes, give wor or dates of service)	No	Hosp	ital F	Records	3			
18. CAUSE OF DEA	ATH Enter anly ane cause p	er line for (a), (b), and (c),1						INTERVAL	BETWEEN
THE RESERVE OF THE PARTY OF THE	ATH WAS CAUSED BY:	0 0	1	0				ONSET AN	ID DEATH
06.1	IMMEDIATE CAUSE (a)	Cerebal	lema	villa	63			130	45
3317	DUE TO	2 1		1	U			-	A
Canditians, if a		literal	en	thy	fise 12	many		jevr.	Lear
gave rise to i				1	-				V
lying cause last.	(c)								
PART II. OTI	HER SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH	BUT NOT RELATE	D TO THE TERA	MINAL DISEASE	CONDITION GIV	EN IN PART 1	PERI	S AUTOPSY FORMED?
OR CONTRIBUTING	AS UNDERLYING 20b. CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCC	URRED. (Enter nat	re af injury in	Part I ar Part I	II af item 1B.)			
ZOc. TIME OF INJUR Haur a. m. p. m.	W	od. INJURY OCCURRED 20 Thile Nat while wark at wark	le. PLACE OF INJU factory, street,			ar tawn)	(Cau	nty)	(Stale
21. I certify the	ot (I) (this hospital) att	ended the deceased fr	om 10 - 7	7 19	960, to C	2et,10	, 19.66	that (I)	(we) las
	sed alive on 10	219_60 ond th	1	rred of	M, from t	he couses an	d on the d	ate state	ed obave
22a. SIGNATURE	0.			1					22b. DATE
	all	Dick.	M.D. PHYS.	DING	MED.	STAFF PHYS.		10.6	SIGNE
22c. PHYSICIAN'S NAME (Type)	H.C. Ti	k, M.D		DDRESS Che	1	town	· , N	ld.	
23a. BURIAL, CREMATIC BURIAL Specify		23c. NAME OF CEMETE Sharptow		ne		Rock H		Md.	tate)
24. FUNERAL DIRECTOR		ADDRESS	Λ	25a. REC	D BY REGISTR	AR 25b. REGIS	TRAR'S SIGN.	ATURE	
2 ennoth	Ubles	(haster to	me	DATE	60 mm	en	Irthun &	House	



may be recorded by the haspital or oftending physicion. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, ar removal, and it pays event, within 72 haurs after death.

fter death. Page 4

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hay

TO HOSPITA

VR A1S (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY	^ ent	MARY		a. STATE	ence (Where o		. If institution	17	befare admis	sian)
RURAL and give no	If autside carporate limits, searest town) ertown	write c. LENGTH OF STAY			own (If outside stert)		nits, write R Rural	URAL and give	e nearest tow	n)
d. NAME OF HOSPIT OF INSTITUTION RUPAL	TAL (If not in haspital, give Melotit			d. STREET AI		lotita	ì		ON	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Charle's	Middle	Wilk	erson	4.	DATE OF DEATH		23, 19		Year
s. sex male	6. COLOR OR RACE 7.	MARRIED NEVER MARRIE		2/5/18		9. AG	E (In years birthday) yrs.	Manths Do	YEAR IF UND	Min.
during most of work	ON (Give kind of work dan king life, even if retired).	e 106. KIND OF BUSINESS O			yland	areign country)		US	OF WHAT	COUNTRY?
13. FATHER'S NAME Dor	1't Know			14. MOTHER'S		n't Kr	low	93	St. In	
	R IN U. S. ARMED FORCES (If yes, give war or dates of service	16. SOCIAL SECURITY NO.		rmant cs. Be	atrice	Maso:	n ĈŦ	nester	town,	Md.
Canditians, if a gave rise to i cause (a), stating lying cause last.	m mediate the under- (c)	IONS CONTRIBUTING TO DEA	ATH BUT N	DT RELATED TO	THETERMINAL	. DISEASE CON	IDITION GIV	/EN IN PART 1	PERF	AUTOPSY DRMED?
20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	MEDICAL EXAMINER)	b. DESCRIBE HOW INJURY O	20e. PLAC	E OF INJURY (F	lame, farm, 2			(Cau		(State
20c. TIME OF INJUR Hour a. m. p. m.		while at wark	fram		1958					
saw the decea 22a. SIGNATURE	sed alive an 10/	19(el), and	that dec	ATTENDING			AFF YS.			d abave 2b, DATE SIGNED
22c. PHYSICIAN'S NAME (Type)	Eugene Ke	ester		22d. ADDRE				nd		
Burba I		//			near		stert	lown,	(Sto	te)
24. FUNERAL DIRECTOR	Sylphature Walle	Chester	town	, Md.	DATE OCT			STRAR'S SIGN		

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